U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 11478	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Thomas Verne	Name Automobile Mechanics Local 701		
	Labor Organization File Number 916-910 016 910		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 317 River Glen Avenue	Street 500 W. Plainfield Road		
City Elmhurst	City Countryside		
State Illinois ZIP Code + 4 60126-2126	State Illinois ZIP Code + 4 60525-3580		
5. Position in labor organization. Business Representative			
	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
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6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:			
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6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Thomas Verne	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	lannani	,		
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer			
Street	o. Employo			
City				
State ZIP Code + 4		•		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:	Province Province Control of the Con	in grandous and another		
P.O. Box, Bldg., Room No., if any		REPOONERS MANAGEMENT		
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Activities of the second secon	The Control of the Control of the Act of the Section of Act of Act of the Section of Act of A		
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		Attitude to the second		
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	12.b. Amount.	mentinging its reducer or explored its account of previous exploration of the option of more distribute on the control of the		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	1984 Art - Halling (1974) St. Halling (1984) Art St. Halling (1984)		
(including trade name, if any).	03/09-2004 AFL-CIO Golf outing	open and the state of the state		
Name Blue Cross Blue Shield of Illinois				
Trade Name, if any:	***************************************	de Constant Works		
P.O. Box, Bldg., Room No., if any				
Street 300 East Randolph Street				
City Chicago		49		
State Illinois ZIP Code + 4 60601-5099				
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	\$218		

Name of Person Filing Thomas Verne	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.				
trade name, if any).	12/02-2004 Labor Holiday	ekanaran yazi emi haribirin 37499ku 1479 Yaziri Perin mizalah jarahari kulanca bakerizikin sakeriziki da			
Name Blue Cross Blue Shield of Illinois					
Trade Name, if any:		romini benevi Ded			
P.O. Box, Bldg., Room No., if any	The second secon				
Street 300 East Randolph Street	THE CALLED AND ADDRESS OF THE CALLED AND ADD				
City Chicago	October House	- g Norman eto PPi-m			
State Illinois ZIP Code + 4 60601-5099	The variable manner contribute confirmance described and address contribute of the c	Notice that AV And STATE CO. The second of the control of the cont			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$39			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Blue Cross Blue Shield of Illinois	03/12/2004 St. Patrick's Day lun	cheon			
Trade Name, if any:	NA COLORA CONTRACTOR C	The state of the s			
P.O. Box, Bldg., Room No., if any	reference or a constant of the				
Street 300 East Randolph Street		The state of the s			
City Chicago					
State Illinois ZIP Code + 4 60601-5099					
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	\$25			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	en / vones o vonesse annos encesses son most various es vones en vonesse un conscionario un conscionario un conscionario de la			
Name Name		edene des (6)74676			
		minga nayahan wa			
Trade Name, if any:		*CLEVMODIFFALISH			
P.O. Box, Bldg., Room No., if any		under retern de pare			
Street		orane reserva			
City		or homococritera			
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				